

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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83		8						
84		8						
85	1							
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88		1						
89		1						
90		5						
91		5						
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98								
99								
100								
TOTAL IND.		↓		↓		↓	TOTAL IND.	2
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	38
TOTAL CLAIMS							TOTAL CLAIMS	40

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS